APPLICATION FOR VARIANCE

State Form 44400 (R4 / 6-10)
Approved by State Board of Accounts, 2008

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICE SECTION
402 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/

INSTRUCTION: ***Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application.***

Variance number *(Assigned by department)*

1. APPLICANT INFORMATION *(Person who would be in violation if variance is not granted; usually this is the owner)*

Name of the applicant	Title
Kyle McDonald	**Authorized Signatory**
Name of organization	Telephone number
ACC OP (Sunset Avenue) LLC	**(512) 732-1072**

Address *(number and street, city, state, and Zip code)*
12700 Hill Country Boulevard Suite T-200 Austin, Texas 78738

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT *(if not submitted by the applicant)*

Name of person on behalf of the applicant	Title
Edwin L. Rensink	**Principal**
Name of organization	Telephone number
RTM Consultants, Inc.	**(317) 329-7700**

Address *(number and street, city, state, and Zip code)*
6640 Parkdale Place, Suite J., Indianapolis, Indiana 46254

3. DESIGN PROFESSIONAL OF RECORD *(If applicable)*

Name of design professional	License number
Mark Frisch	**AR10700087**
Name of organization	Telephone number
Solomon Cordwell Buenz	**(312) 896-1231**

Address *(number and street, city, state, and Zip code)*
625 North Michigan Avenue, Suite 800 Chicago, Illinois 60611

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Butler University Student Housing Building One		**Marion County**

Site Address *(number and street, city, state, and Zip code)*
4600 Sunset Avenue Indianapolis, Indiana 46208

Type of project: ☒ New ☐ Addition ☐ Alteration ☐ Change of Occupancy ☐ Existing

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application *(check as applicable)*:

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. *(see instructions)*
- ☒ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ☒ Written documentation showing that the local fire official has received a copy of the variance application.
- ☒ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

☐ Yes *(if yes, attach a copy of the Correction Order)* ☒ No

Has a violation been issued? Yes *(if yes, attach a copy of the Violation and answer the following)* ☒ No

Violation Issued by: ☐ Local Building Department ☐ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved	Specific code section
2014 Indiana Building Code	**706.2**

Nature of non-compliance *(include a description of spaces, equipment, etc. involved as necessary)*

The 2-hour fire wall will within the Type VA building will not comply with the "structural stability" prescription in Sec. 706.2, which requires the wall to be construction such that structural collapse on one side or other of the wall will not cause the collapse of the wall.

The project is comprised of a 5-story Type IIIA Construction north building and a 4-story Type VA Construction south building. The 2-hour fire wall is required in order to comply with allowable area limitations per floor for the 4-story Type VA building. Additionally, a 3-hour fire wall will separate the Type IIIA and Type VA buildings.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate *(be specific)*.

Facts demonstrating that the above selected statement is true:

1. **A row of close-spaced sprinklers will be provided on each side of the 2-hour fire wall on each floor level.**
2. **The fire wall will comply with all other applicable requirements of Sec. 706, including vertical and horizontal termination requirements.**
3. **The building is of 1-hour construction throughout and will be provided with a sprinkler system per NFPA 13R.**
4. **Several variances have been granted for other residential buildings to permit either lack of structural stability or to use fire barriers in lieu of fire walls, some with use of an NFPA 13R sprinkler system, including 12-10-22(d), 13-08-41c, 13-09-47(a), and 14-02-42(a).**

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of physical limitations of the construction site or its utility services
- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of major operational problems in the use of the building or structure
- ☒ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of excessive costs of additional or altered construction elements
- ☐ Imposition of the rule would prevent the preservation of An architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The additional cost to provide a structurally stable fire wall is estimated at $75,570.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate

Signature of applicant or person submitting application	Please print name	Date of signature *(month, day, year)*
	Edwin L. Rensink	
Signature of design professional *(if applicable)*	Please print name	Date of signature *(month, day, year)*
	Mark Frisch	

11. STATEMENT OF AWARENESS *(If the application is submitted on the applicant's behalf, the applicant must sign the following statement).*

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant	Please print name	Date of signature *(month, day, year)*
	Kyle McDonald	

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Variance number *(Assigned by department)*

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Kyle McDonald	**Authorized Signatory**
Name of organization	Telephone number
ACC OP (Sunset Avenue) LLC	**(512) 732-1072**

Address *(number and street, city, state, and Zip code)*
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Name of organization	Telephone number
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3. DESIGN PROFESSIONAL OF RECORD *(If applicable)*

Name of design professional	License number
Mark Frisch	**AR10700087**
Name of organization	Telephone number
Solomon Cordwell Buenz	**(312) 896-1231**

Address *(number and street, city, state, and Zip code)*
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4. PROJECT IDENTIFICATION

Name of project	State project number	County
Butler University Student Housing Building One		**Marion County**

Site Address *(number and street, city, state, and Zip code)*
4600 Sunset Avenue Indianapolis, Indiana 46208

Type of project: ■ New ☐ Addition ☐ Alteration ☐ Change of Occupancy ☐ Existing

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application *(check as applicable)*:

- ■ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. *(see instructions)*
- ■ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ■ Written documentation showing that the local fire official has received a copy of the variance application.
- ■ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

☐ Yes *(if yes, attach a copy of the Correction Order)* ■ No

Has a violation been issued? Yes *(if yes, attach a copy of the Violation and answer the following)* ■ No

Violation Issued by: ☐ Local Building Department ☐ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved	Specific code section
2014 Indiana Building Code	**1007.2.1**

Nature of non-compliance *(include a description of spaces, equipment, etc. involved as necessary)*

The elevator serving the 5-story portion of the building will not be provided with a standby power generator. Sec. 1007.2.1 requires at least one accessible means of egress in 5-story buildings to be an elevator provided with emergency power backup.

The project is comprised of a 5-story Type IIIA Construction north building and a 4-story Type VA Construction south building. A 3-hour fire wall will separate the buildings.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ■ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate *(be specific)*.

Facts demonstrating that the above selected statement is true:

1. **An area of refuge, including a wheelchair space will be provided at each upper floor level landing in each of the 2 stair enclosures serving the 5th floor. Areas of refuge in stairs or accessing elevators are not required in buildings protected throughout with an automatic sprinkler system.**
2. **The 5-story building will be protected throughout with an automatic sprinkler system per NFPA 13.**
3. **The provision of areas of refuge within stairs on the upper levels will provide an accessible means of egress at least equivalent to an elevator used as an accessible means of egress.**
4. **The elevators will have battery back-up provided in order to permit lowering of the elevators in the event of loss of power.**
5. **Identical variances were granted for other 5-story residential buildings, including 14-02-19(a), 14-02-36(a), and 14-02-42(f).**

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of physical limitations of the construction site or its utility services
- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of major operational problems in the use of the building or structure
- ■ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of excessive costs of additional or altered construction elements
- ☐ Imposition of the rule would prevent the preservation of An architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

Hardship is the cost to install and maintain an emergency generator on the site.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate

Signature of applicant or person submitting application	Please print name	Date of signature *(month, day, year)*
	Edwin L. Rensink	12/11/14
Signature of foreign professional *(if applicable)*	Please print name	Date of signature *(month, day, year)*
	Mark Frisch	

11. STATEMENT OF AWARENESS *(If the application is submitted on the applicant's behalf, the applicant must sign the following statement)*

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant	Please print name	Date of signature *(month, day, year)*
Kyle McDonald	**Kyle McDonald**	12/10/14

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Variance number *(Assigned by department)*

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Kyle McDonald	**Authorized Signatory**
Name of organization	Telephone number
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Name of organization	Telephone number
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3. DESIGN PROFESSIONAL OF RECORD *(If applicable)*

Name of design professional	License number
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Name of organization	Telephone number
Solomon Cordwell Buenz	**(312) 896-1231**

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4. PROJECT IDENTIFICATION

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Butler University Student Housing Building One		**Marion County**

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Type of project: ■ New ☐ Addition ☐ Alteration ☐ Change of Occupancy ☐ Existing

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application *(check as applicable)*:

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6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

☐ Yes *(if yes, attach a copy of the Correction Order)* ■ No

Has a violation been issued? Yes *(if yes, attach a copy of the Violation and answer the following)* ■ No

Violation Issued by: ☐ Local Building Department ☐ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved	Specific code section
2014 Indiana Building Code	**706.2, exception**

Nature of non-compliance *(include a description of spaces, equipment, etc. involved as necessary)*

The 3-hour fire wall be structurally independent of the 4-story Type VA building, but not the adjoining 5-story Type IIIA building. Code requires structurally stability for the fire wall, such that collapse of construction on either side of the fire wall will not cause collapse of the wall. The exception exempts fire walls from the structural stability requirement for buildings protected on both sides of the fire wall with a sprinkler system per NFPA 13. An NFPA 13 sprinkler system will be provided in the Type IIIA building, but not in the Type VA building.

The project is comprised of a 5-story Type IIIA Construction north building and a 4-story Type VA Construction south building. A 3-hour fire wall will separate the buildings.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ■ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate *(be specific)*.

Facts demonstrating that the above selected statement is true:

1. **The Type IIIA building where structure is tied to the fire wall will be protected with a sprinkler system per NFPA 13.**
2. **The fire wall will be structurally independent of the Type VA building, where the NFPA 13R system is provided.**
3. **Several variances have been granted for other residential buildings to permit either lack of structural stability or to use fire barriers in lieu of fire walls, some with use of an NFPA 13R sprinkler system, including 12-10-22(d), 13-08-41c, 13-09-47(a), and 14-02-42(a).**

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

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- ☐ Imposition of the rule would prevent the preservation of An architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The fire wall is being used as a shear wall for the Type IIIA north building. Hardship is complete separation of the structure from the fire wall for the Type IIIA north building. Due to location of elevator and stair shafts adjacent to the fire wall, creating another wall to serve as a shear wall is a practical hardship, as well as cost.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate

Signature of applicant or person submitting application	Please print name	Date of signature *(month, day, year)*
	Edwin L. Rensink	12/11/14
Signature of design professional *(if applicable)*	Please print name	Date of signature *(month, day, year)*
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Violation Issued by: ☐ Local Building Department ☐ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved	Specific code section
2014 Indiana Building Code	**716.5.9**

Nature of non-compliance *(include a description of spaces, equipment, etc. involved as necessary)*

New dormitory sleeping room door assemblies will not be provided with closers. The corridor doors are required to be either self- or automatic-closing, based upon the 20-minute fire rating.

The project is comprised of a 5-story Type IIIA Construction north building and a 4-story Type VA Construction south building. A 3-hour fire wall will separate the buildings.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ■ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate *(be specific)*.

Facts demonstrating that the above selected statement is true:

1. **The building will be protected throughout with a sprinkler system - NFPA 13R in the Type VA building, and NFPA 13 in the Type IIIA building.**
2. **The corridors will be provided with a smoke detection system connected to the building fire alarm system - corridor smoke detectors are not required by code. Each sleeping room will be provided with single-station smoke detectors, as required.**
3. **Identical variances were granted for several previous dormitory facilities under the following variance approvals: [98-4-9], [00-2-23], [00-5-9], [06-11-47(a)], [07-07-26(a)], [10-1-37(b)], [11-3-17(a)], [12-05-36c], and [14-1-37(e)].**

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of physical limitations of the construction site or its utility services
- ☐ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of major operational problems in the use of the building or structure
- ■ Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of excessive costs of additional or altered construction elements
- ☐ Imposition of the rule would prevent the preservation of An architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The hardship is the ongoing cost of maintaining door closers or door hold-open devices that are rendered essentially inoperative in a short period of time in the student environment.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate

Signature of applicant or person submitting application	Please print name	Date of signature *(month, day, year)*
	Edwin L. Rensink	12/11/14
Signature of design professional *(if applicable)*	**Please print name**	**Date of signature *(month, day, year)***
	Mark Frisch	

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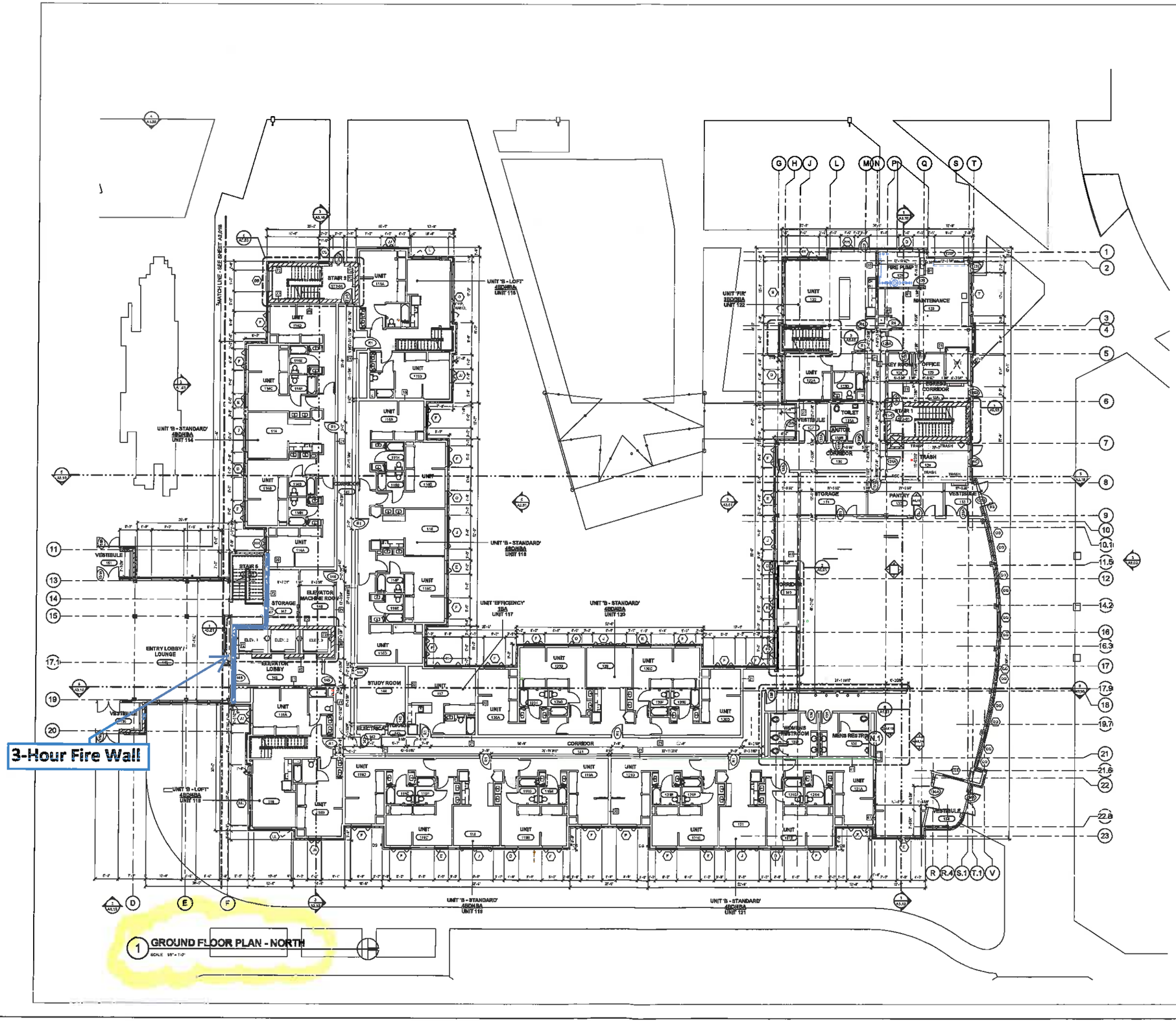
	Kyle McDonald	12/10/14



SCB
Solomon Cordwell Buenz
Chicago
T 312 896.1100
San Francisco
T 415.216.2450
www.scb.com

GENERAL NOTES:
1. FOR SITE USE BY OWNER, N.I.C.
2. FOR TYPICAL 'A STANDARD' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.01.
3. FOR TYPICAL 'A END' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.02.
4. FOR TYPICAL 'A END' ADDED SIDE UNIT DIMENSIONS AND WALL TYPES REFER TO A6.03.
5. FOR TYPICAL 'B STANDARD' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.04.
6. FOR TYPICAL 'B STANDARD' ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A6.04.
7. FOR TYPICAL 'B END LOFT' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.04.
8. FOR TYPICAL 'C' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.05.
9. FOR TYPICAL 'D' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.06.
10. FOR TYPICAL 'E' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.07.
11. FOR TYPICAL 'EFFICIENCY' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.08 & A6.09.
12. FOR TYPICAL 'FIR' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.10.
13. FOR TYPICAL 'BLD' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.11.
14. ALL PLAN DIMENSIONS ARE NOMINAL. REFER TO DETAILS (A4 SERIES) AND WINDOW TYPE ELEVATIONS (A8 SERIES).

NO.	DATE	DESCRIPTION
	12.22.2014	Issued For Contract Documents
	12.16.2014	Issued For Interim Pricing
	10.31.2014	Issued For Design Development
	09.18.2014	Issued For 50% Design Development
	08.15.2014	Issued For Schematic Design

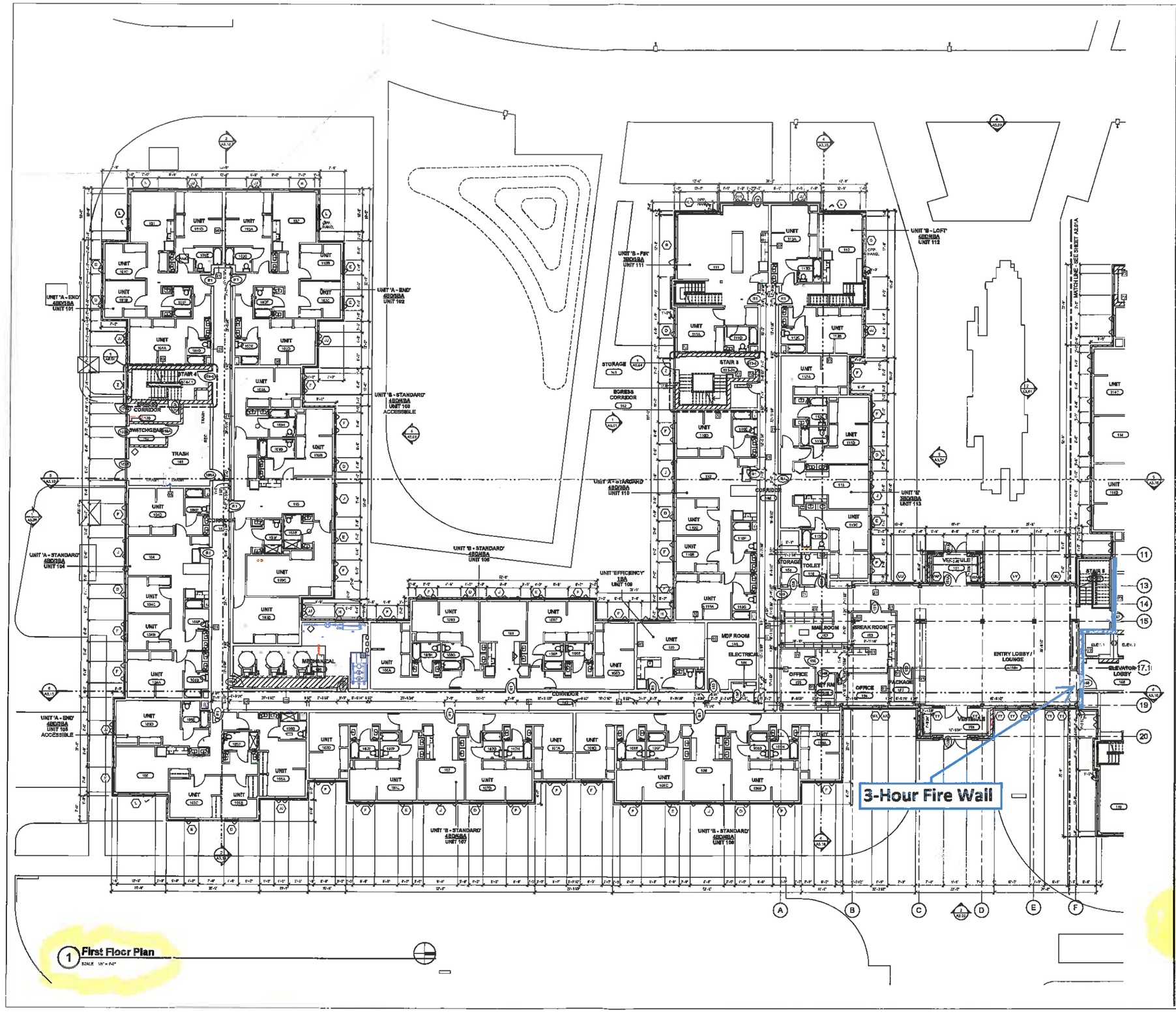
BUTLER UNIV. STUDENT HOUSING
ACC SC Development LLC

4600 Sunset Avenue
Indianapolis, Indiana 46208

© 2014 Solomon Cordwell Buenz

GROUND FLOOR PLAN - NORTH

Drawn By: SM/MP/KK
Checked By: SM/JB/BD
Project Number: 2014014
Sheet Number: A2.01A



1 First Floor Plan

SCALE 1/8" = 1'-0"

SCB

Solomon Cordwell Buenz

Chicago
T 312.898.1100

San Francisco
T 415.216.2450

www.scb.com

GENERAL NOTES:
1. FOR FIXTURE BY OTHER, F.I.C.
2. FOR TYPICAL 'A' STANDARD UNIT DIMENSIONS AND WALL TYPES REFER TO A2.01.
3. FOR TYPICAL 'A' END UNIT DIMENSIONS AND WALL TYPES REFER TO A2.02.
4. FOR TYPICAL 'A' END ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A2.02a.
5. FOR TYPICAL 'B' STANDARD UNIT DIMENSIONS AND WALL TYPES REFER TO A2.03.
6. FOR TYPICAL 'B' STANDARD ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A2.03a.
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10. FOR TYPICAL 'E' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.07.
11. FOR TYPICAL 'EFFICIENCY' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.08 & A2.09.
12. FOR TYPICAL 'FIR' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.10.
13. FOR TYPICAL 'B' 'C' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.11.
14. ALL PLAN DIMENSIONS ARE NOMINAL REFER TO DETAILS (AM SERIES) AND WINDOW TYPE ELEVATIONS (AM SERIES).

NO.	DATE	DESCRIPTION
	12.23.2014	Issued For Contract Documents
	12.17.2014	Issued For Variance Request
	10.31.2014	Issued For Design Development
	09.18.2014	Issued For 50% Design Development
	08.18.2014	Issued For Schematic Design

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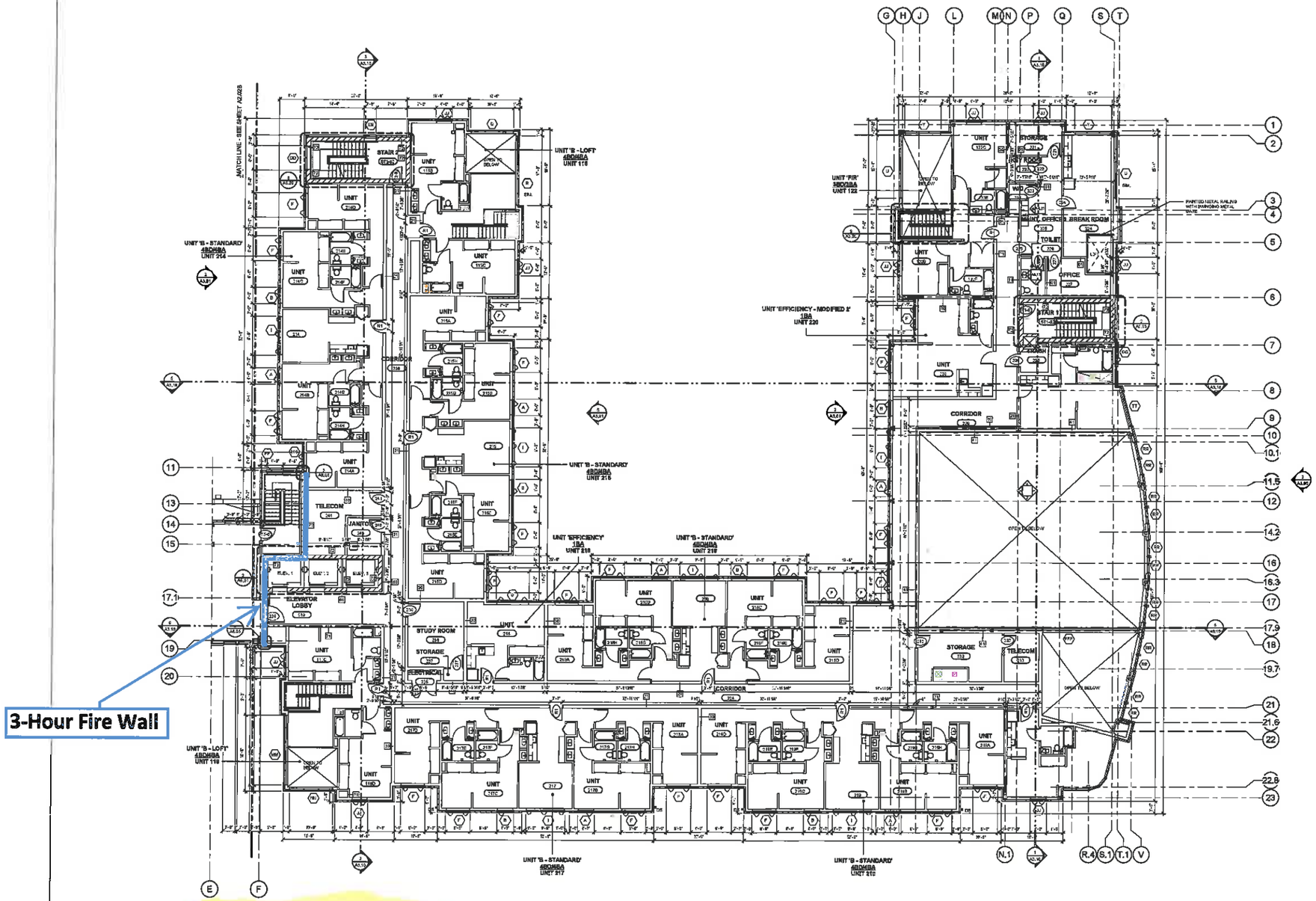
GROUND FLOOR PLAN - SOUTH

Drawn By: SM/MP/KK

Checked By: SM/JB/BD

Project Number: 2014014

Sheet Number: A2.01B



1 SECOND FLOOR PLAN - NORTH

SCALE 1/8" = 1'-0"

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Southern Construction Bureau

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San Francisco
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NO.	DATE	DESCRIPTION
	12.02.2014	Issued For Contract Documents
	12.10.2014	Issued For Tenants Request
	16.01.2014	Issued For Design Development
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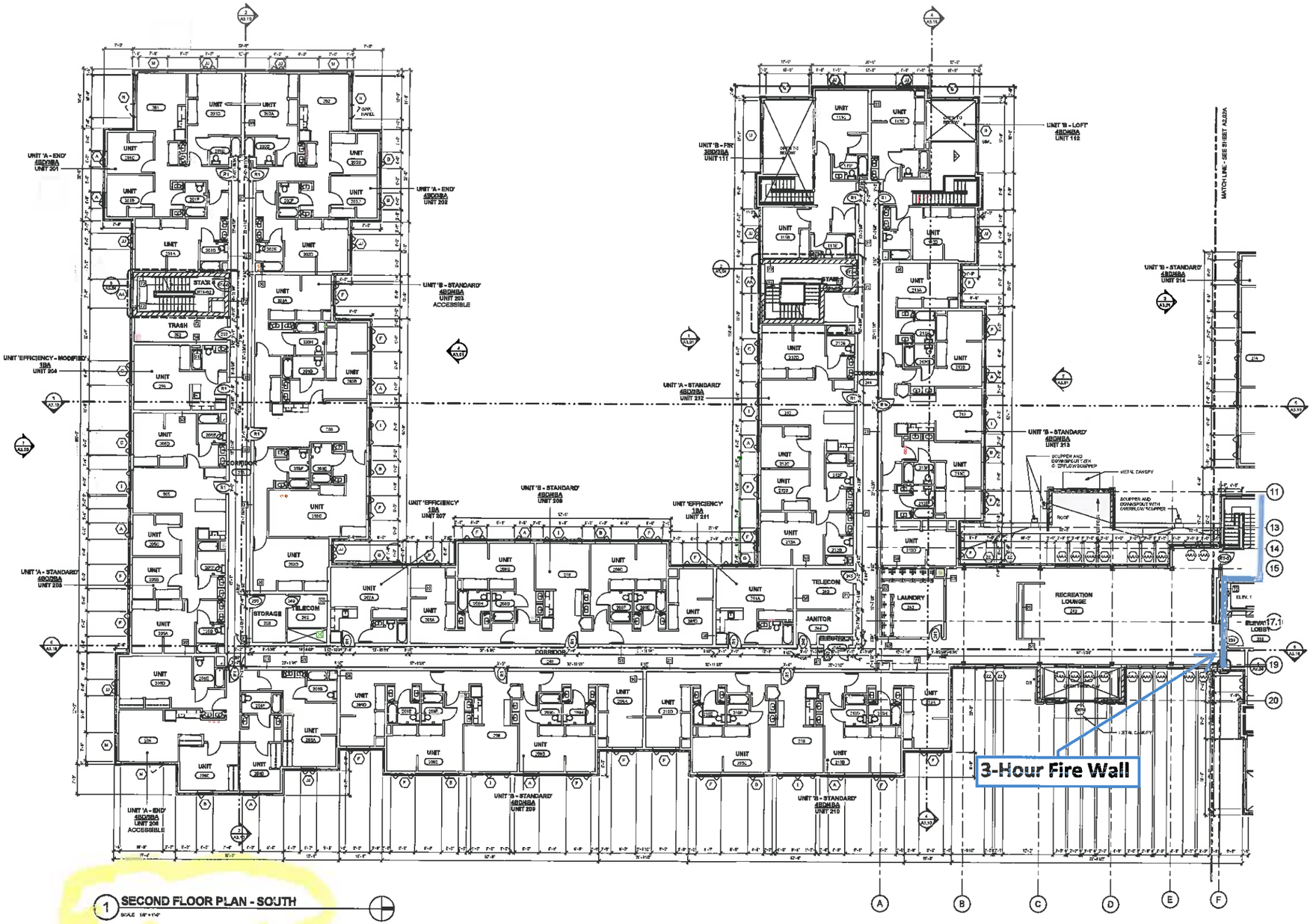
SECOND FLOOR PLAN - NORTH

Drawn By: SMM/PRK
Checked By: SMJB/BD
Project Number: 2014014
Sheet Number: A2.02A



1 SECOND FLOOR PLAN - SOUTH

SCALE 1/8" = 1'-0"

SCB

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GENERAL NOTES
1. PLANNING/SLOT OWNER, N.I.C.
2. FOR TYPICAL 'A' STANDARD UNIT DIMENSIONS AND WALL TYPES REFER TO A2.01.
3. FOR TYPICAL 'A' END UNIT DIMENSIONS AND WALL TYPES REFER TO A2.01.
4. FOR TYPICAL 'A' END ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A2.02a.
5. FOR TYPICAL 'B' STANDARD UNIT DIMENSIONS AND WALL TYPES REFER TO A2.02.
6. FOR TYPICAL 'B' STANDARD ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A2.03a.
7. FOR TYPICAL 'B' END LOFT UNIT DIMENSIONS AND WALL TYPES REFER TO A2.04.
8. FOR TYPICAL 'C' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.05.
9. FOR TYPICAL 'D' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.06.
10. FOR TYPICAL 'E' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.07.
11. FOR TYPICAL 'EFFICIENCY' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.08 & A2.09.
12. FOR TYPICAL 'FIR' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.10.
13. FOR TYPICAL 'RLO' UNIT DIMENSIONS AND WALL TYPES REFER TO A2.11.
14. ALL PLAN DIMENSIONS ARE NOMINAL, REFER TO DETAILS (14 SERIES) AND WINDOW TYPE ELEVATIONS (40 SERIES).

TYPE IIIA CONSTRUCTION KEY PLAN 1/2" PLANS

TYPE IIIA CONSTRUCTION KEY PLAN 1/2" PLANS

NO.	DATE	DESCRIPTION
	12.22.2014	Issued For Control Documents
	12.10.2014	Issued For Variance Request
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SECOND FLOOR PLAN - SOUTH

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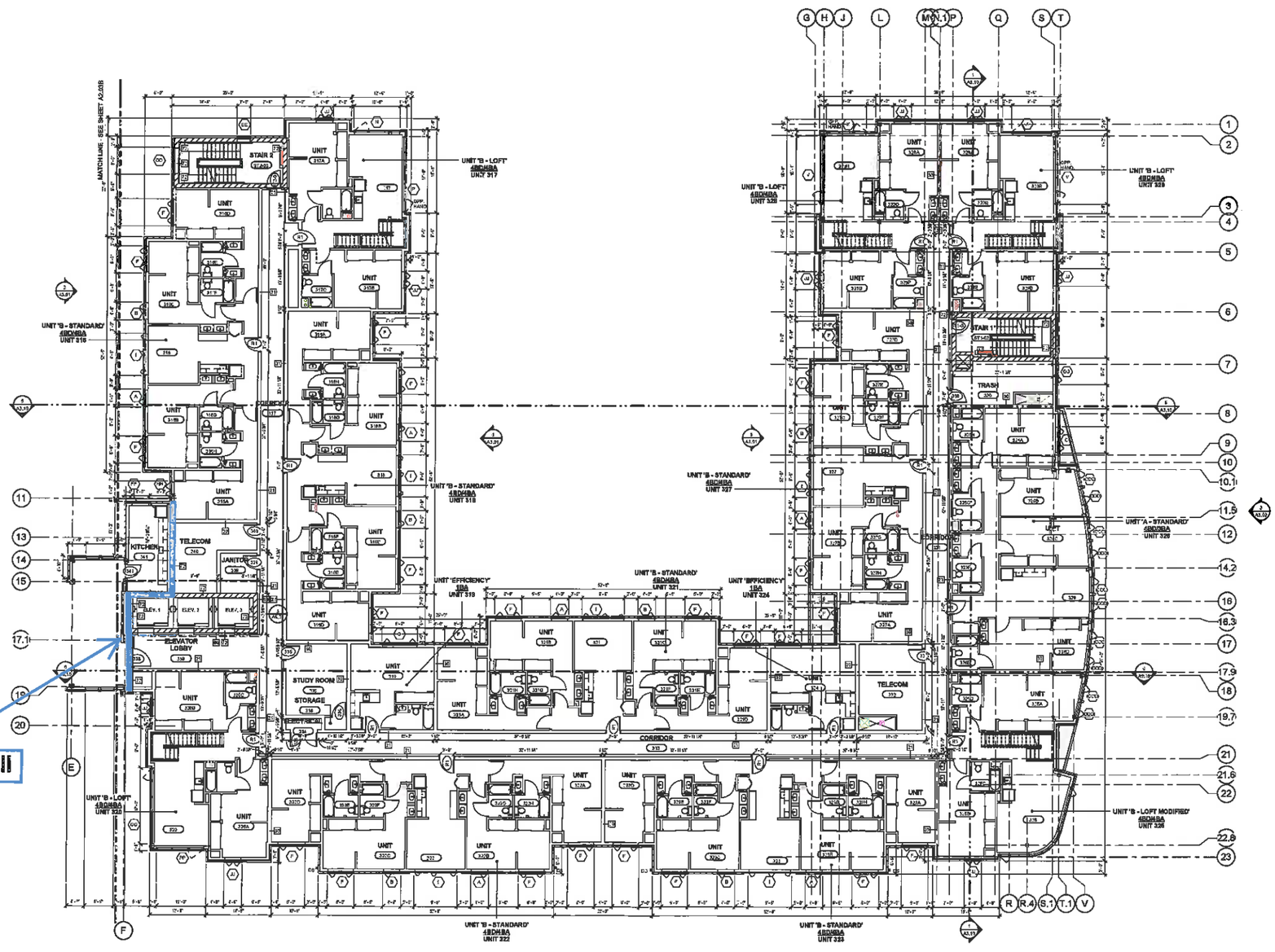
Project Number: 2014014
Sheet Number: A2.02B



1 THIRD AND FOURTH FLOOR PLANS - NORTH

SCALE: 1/8" = 1'-0"

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NO.	DATE	DESCRIPTION
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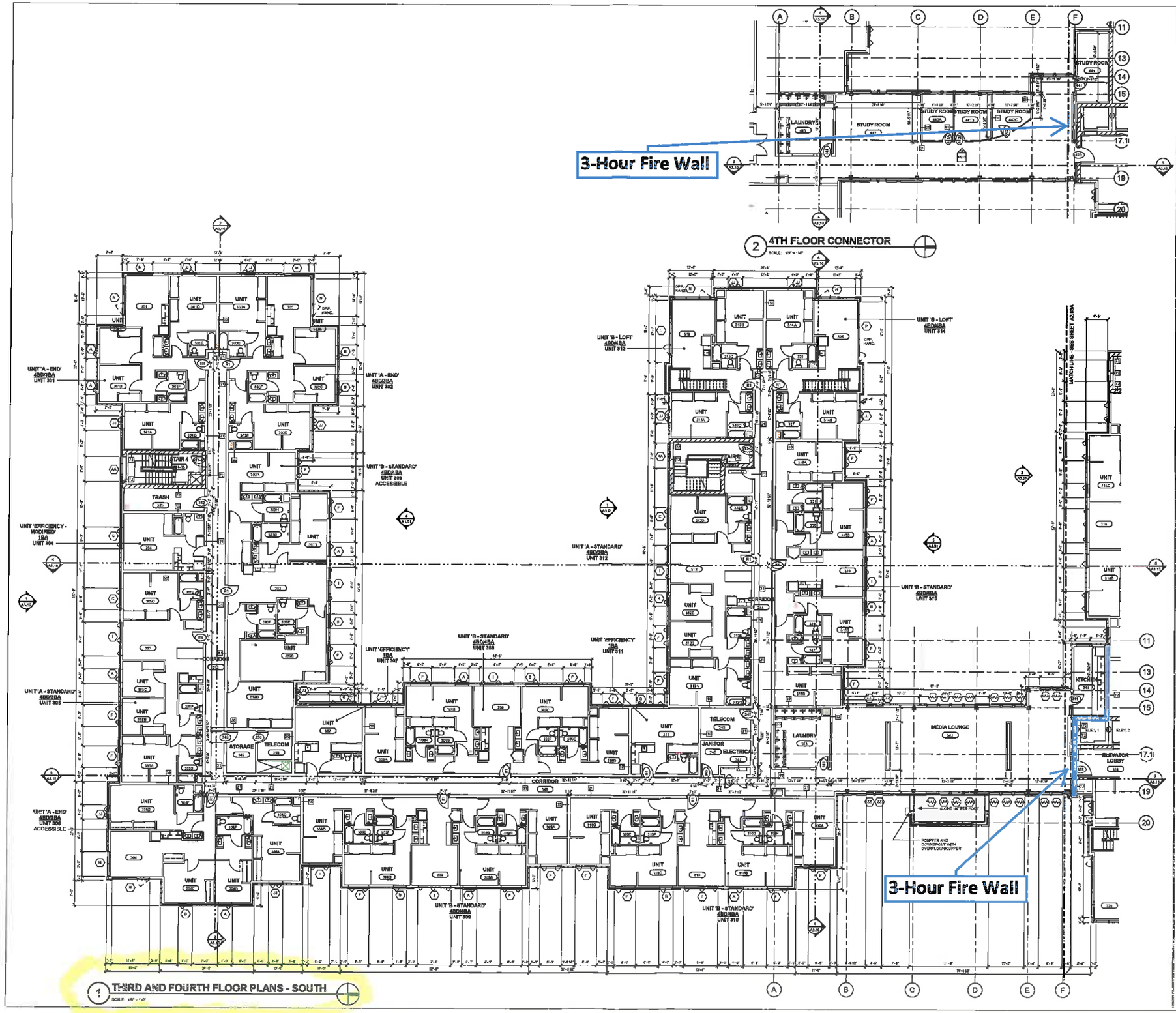
THIRD AND FOURTH FLOOR PLAN - NORTH

Drawn By: SB/WP/KH
Checked By: SM/JB/SD
Project Number: 2014014
Sheet Number: A2.03A



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GENERAL NOTES:
1. FOR TYPICAL 'A' STANDARD UNIT DIMENSIONS AND WALL TYPES REFER TO A6.01.
2. FOR TYPICAL 'A' END UNIT DIMENSIONS AND WALL TYPES REFER TO A6.02.
3. FOR TYPICAL 'A' END ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A6.03.
4. FOR TYPICAL 'A' END ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A6.04.
5. FOR TYPICAL 'B' STANDARD UNIT DIMENSIONS AND WALL TYPES REFER TO A6.05.
6. FOR TYPICAL 'B' STANDARD ACCESSIBLE UNIT DIMENSIONS AND WALL TYPES REFER TO A6.06.
7. FOR TYPICAL 'B' END LOFT UNIT DIMENSIONS AND WALL TYPES REFER TO A6.07.
8. FOR TYPICAL 'C' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.08.
9. FOR TYPICAL 'D' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.09.
10. FOR TYPICAL 'E' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.10.
11. FOR TYPICAL 'EFFICIENCY' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.11 & A6.12.
12. FOR TYPICAL 'FE' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.13.
13. FOR TYPICAL 'FLC' UNIT DIMENSIONS AND WALL TYPES REFER TO A6.14.
14. ALL PLAN DIMENSIONS ARE NOMINAL. REFER TO DETAILS (AS FOREIGN) AND WINDOW TYPE ELEVATIONS (AS SERIES).

TYPE VA CONSTRUCTION KEY PLAN 1/8" PLANS

TYPE IBA CONSTRUCTION

NO.	DATE	DESCRIPTION
	10.12.2014	Issued For Contract Documents
	10.13.2014	Issued For Interim Request
	10.13.2014	Issued For Design Development
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THIRD AND FOURTH FLOOR PLAN - SOUTH

Drawn By: SMM/PNK
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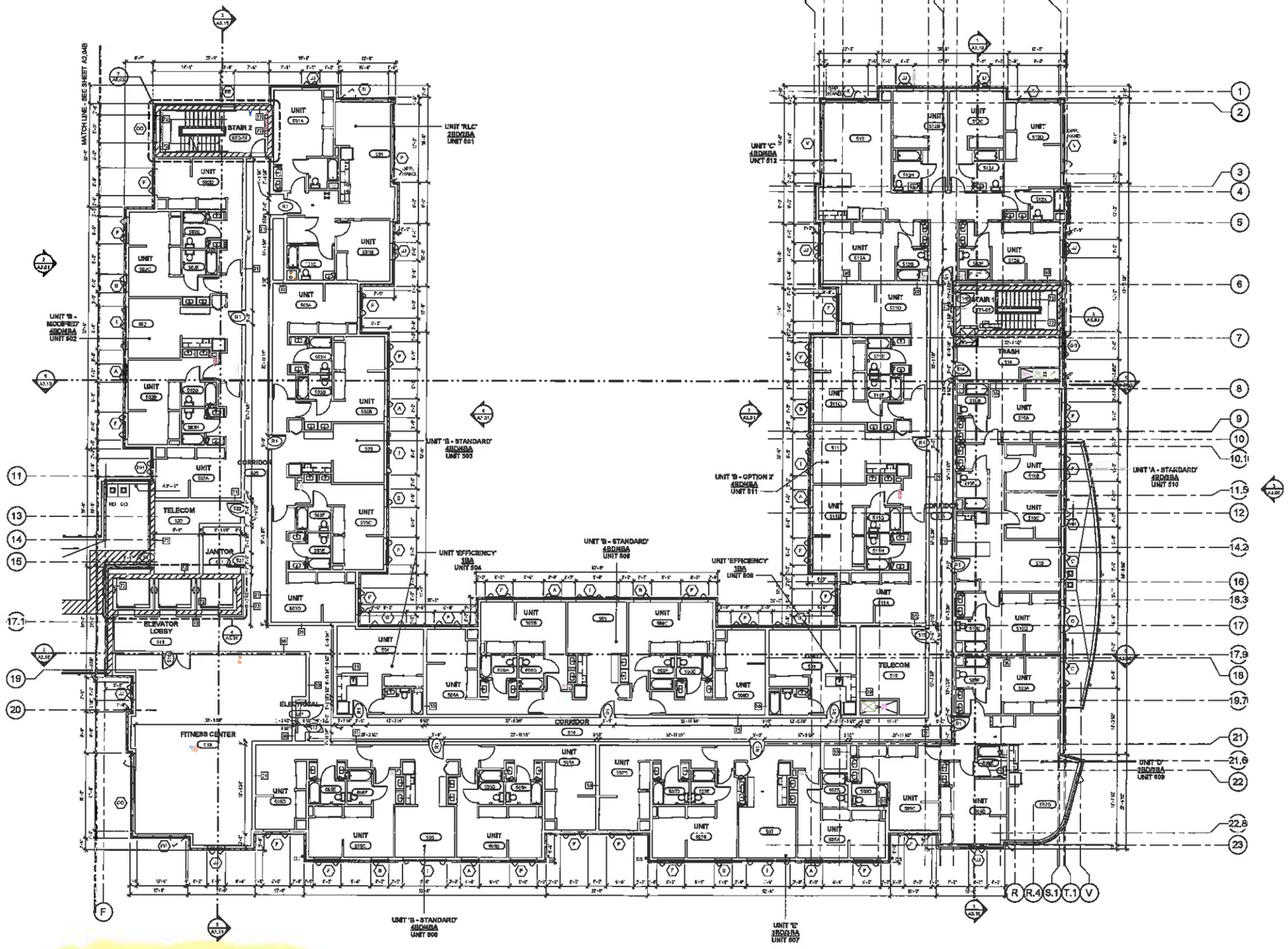
Project Number: 2014014

Sheet Number: A2.03B



1 FIFTH FLOOR PLAN - NORTH

SCALE: 1/8" = 1'-0"

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WALL TYPES REFER TO A.26 & A3.01.
10. FOR TYPICAL P.B. UNIT CALIPERSIONS AND WALL TYPES REFER TO A3.01.
11. FOR TYPICAL P.B. UNIT DIMENSIONS AND WALL TYPES REFER TO A3.11.
14. ALL PLAN DIMENSIONS ARE NOMINAL. REFER TO DETAILS (A4 SERIES) AND WINDOW TYPE ELEVATIONS (A6 SERIES).

TYPE 1HA CONSTRUCTION
TYPE 5A CONSTRUCTION
1ST FLOOR

NO.	DATE	DESCRIPTION
	10.23.2014	Issued For Contract Documents
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	04.11.2014	Issued For Design Development
	05.14.2014	Issued For 50% Design Development
	06.17.2014	Issued For Bid Set/Permit Update

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FIFTH FLOOR PLAN - NORTH

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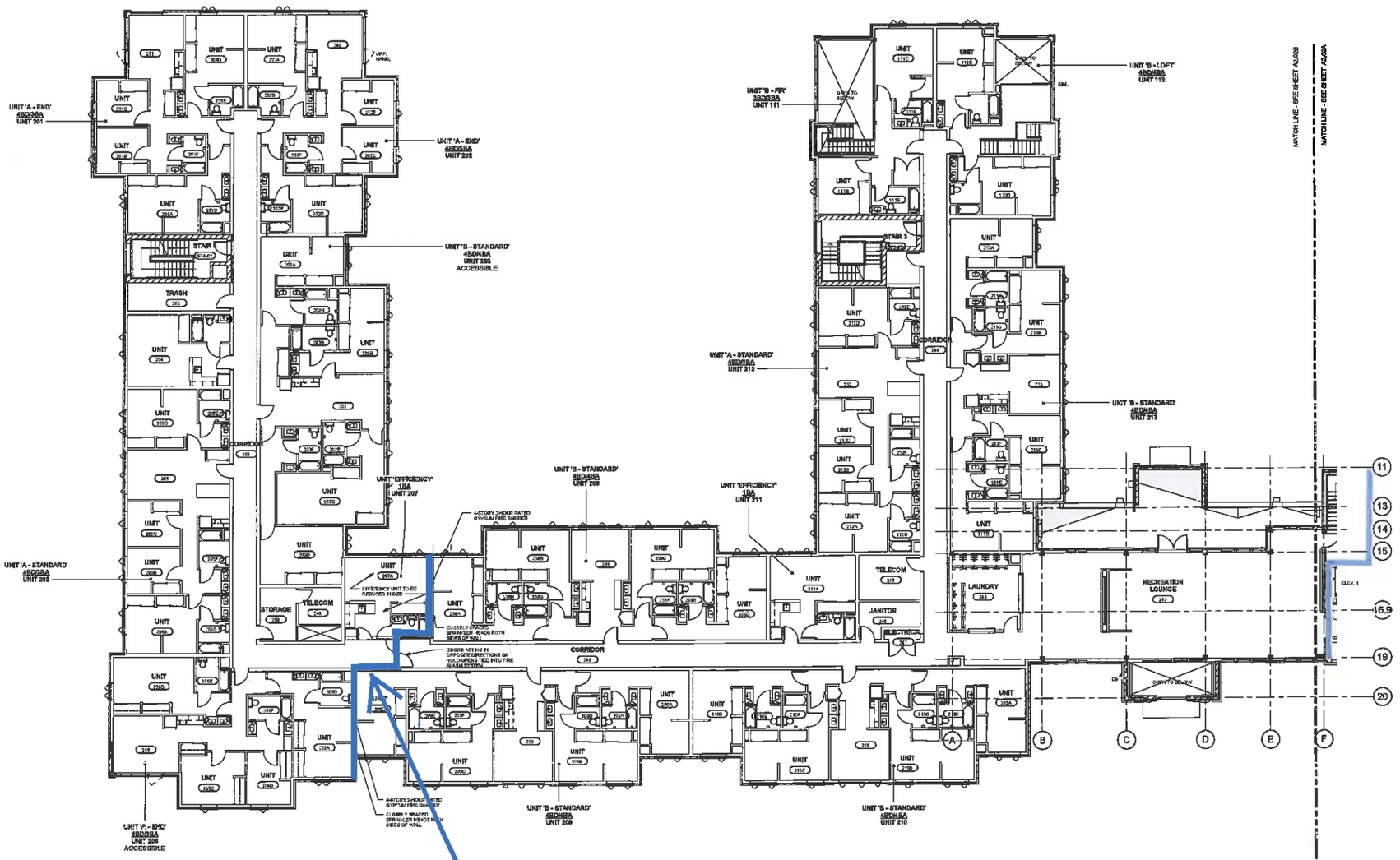
Checked By: SM/JS/SD
Project Number: 2014014
Sheet Number: A2.04A



1 TYPICAL FLOOR PLAN - SOUTH

SCALE: 1/8" = 1'-0"

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No.	DATE	DESCRIPTION
	12.10.2014	Issued For Variance Request

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SECOND FLOOR SOUTH PLAN - VARIANCE REQUEST

Drawn By: Author

Checked By: Checker

Project Number: 2014014

Sheet Number: ASK 005B